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Diane Dunn McKay

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of  
Lutz, O. et al.

Serial No. 09/488,298

Filed: January 20, 2000

For: NOVEL PODOPHYLLO-  
TOXIN COMPOSITIONS  
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Group Art Unit: 1617  
Examiner: Kim, J.

Commissioner for Patents  
Box: DAC  
Washington, D.C. 20231

RECEIVED

APR 12 2002

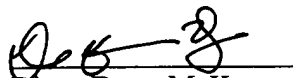
OFFICE OF PETITIONS

REQUEST FOR A THREE- MONTH EXTENSION OF  
TIME PURSUANT TO 37 C.F.R. SECTION 1.136(a)

Sir:

Applicants respectfully request a three-month extension of time, up to and including February 22, 2002 in which to file a response to the Office Action mailed August 22, 2001. Applicants have already paid a fee in the amount of \$110 for a one-month extension of time. Accordingly, a fee in the amount of \$350 (representing \$460 for a three-month extension of time minus \$110 which was already paid) for a three-month extension is enclosed. If any additional fees are required, the Commissioner is authorized to charge Deposit Account No. 13-2165.

Respectfully submitted,

  
Diane Dunn McKay  
Reg. No. 34,586  
Attorney for Applicant

04/11/2002 AWONDAF1 00000030 09488298

02 FC:217

350.00 DP

Adjustment date: 07/08/2002 AKELLEY

04/11/2002 AWONDAF1 00000030 09488298

02 FC:217 -350.00 DP

Repln. Ref: 07/08/2002 AKELLEY 001301100

DAH:132165 Name/Number:09488298

FC: 704 \$350.00 CR

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(609) 924-8555 - Telephone / (609) 924-3036 - Facsimile

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/28/02</u>		2 Serial/Patent # <u>09/488,298</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	17	4/10/02	\$ 350.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 350.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>3</td><td>--</td><td>2</td><td>1</td><td>6</td><td>5</td></tr> </table>			1	3	--	2	1	6	5
1	3	--	2	1	6	5					
<div style="font-family: cursive; font-size: 1.2em;">maximum period on extension expired</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>		TITLE: <u>ATTORNEY</u>									
SIGNATURE: <u>Charlema Grant</u>		PHONE: <u>806-0251</u>									
OFFICE: <u>patent</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Ulana Kelly</u>		DATE: <u>7/8/12</u>									

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